



PATENT
Attorney Docket No.: 017516-009700US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MANZO, SCOTT et al.

Application No.: 10/611,411

Filed: June 30, 2003

For: ELECTRO-SURGICAL
INSTRUMENT WITH REPLACEABLE
END-EFFECTORS AND INHIBITED
SURFACE CONDUCTION

Examiner: Unassigned

Art Unit: 3731

STATUS REQUEST

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The above-referenced application was filed as a patent application on June 30, 2003. To date, attorneys for applicants have not yet received an Office Action from the United States Patent Office.

Please advise us of the status of this application.

Respectfully submitted,

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60283419 v1



IFW

PTO/SB/21 (04-04)

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/611,411 |
| | Filing Date | June 30, 2003 |
| | First Named Inventor | MANZO, SCOTT |
| | Art Unit | 3731 |
| | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | Attorney Docket Number | 017516-009700US |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Townsend and Townsend and Crew LLP Nena Bains Reg. No. 47,400 | |
| Signature | | |
| Date | 8/13/04 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|-------------|-------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Typed or printed name | Gigi Hoover | |
| Signature | | Date August 13, 2004 |